Safe Schools Survey:  Secondary Student Form

- Please fill in bubble completely for each item using a #2 lead pencil.
- Erase cleanly any mark you wish to change.
- Make no stray marks.

Part 1:  GENERAL INFORMATION

1. Name of school __________________________
2. Your sex
   ☐ Male   ☐ Female
3. How old are you?
   ☐ 10  ☐ 11  ☐ 12  ☐ 13
   ☐ 14  ☐ 15  ☐ 16  ☐ 17
   ☐ 18  ☐ 19  ☐ 20  ☐ 21
4. What is your grade?
   ☐ 6th  ☐ 7th  ☐ 8th  ☐ 9th
   ☐ 10th ☐ 11th ☐ 12th

5. What is your racial background?
   ☐ White, Non Hispanic
   ☐ African American
   ☐ Hispanic
   ☐ Native American
   ☐ Asian or Pacific Islander
   ☐ Biracial/Multiracial
   ☐ Other
6. How long have you been at this school?
   ☐ This is my first year
   ☐ This is my second year
   ☐ I have been at this school four or more years

7. How do you typically get to school?
   ☐ School   ☐ Walk   ☐ Car   ☐ Other
   ☐ Bus

Part 2:  SURVEY

Please read each statement carefully.
Then use the scale to mark your rating.
Answer questions based on the current school year.

1. I feel that I can talk to a teacher or an administrator if I have a problem.

2. I feel safe before and after school while on school grounds.

3. Teachers and staff accept me for who I am.

4. I feel that teachers care about my learning.

5. I have seen students smoking at school or on school grounds. ........................................

6. Teachers praise students when they have done well.

7. Most students are proud of this school.

8. Sale of drugs occurs on school grounds.

9. Students cut classes or are absent regularly.

10. Teachers and administrators supervise the halls during passing time. ............................

Please go to the next page.
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11. Threats by one student against another are common at school.
12. Students use drugs or alcohol outside of school.
13. I have seen a gun at school this year.
14. Teachers listen carefully to what I have to say.
15. I feel safe in the lunchroom.
16. I am reading and responding to this survey carefully.
17. I feel proud of this school.
18. Some students are regularly hassled by other students.
19. I feel safe going to and coming from school.
20. I have seen students with drugs or alcohol at school.
21. Physical fighting or conflicts happen regularly at school.
22. Name calling, insults or teasing happen regularly at school.
23. Students use alcohol or drugs at school.
24. I feel that I belong at this school.
25. I feel comfortable telling a teacher or an administrator about potential violence.
26. Groups of students cause problems or conflicts at school.
27. School rules are clearly defined and explained so that I can understand them.
28. School rules seem reasonable.
29. Teachers work hard to make every student successful.
30. Robbery or theft of school property over $10 in value is common.
31. I have seen a knife at school (not including a cafeteria knife).
32. I feel welcome when I am at school.
33. Teachers enjoy teaching here.
34. I feel safe in my classrooms.
35. I feel that the teachers care about me as a person.
36. I am learning a lot at this school.
37. Arguments among students are common at school.
38. Students regularly cheat on tests or assignments.
39. Overall, I feel that this school is a safe school.
40. I am generally treated fairly at this school.
41. I feel safe in the bathrooms at school.
42. I am getting a good education at this school.
43. I feel safe in the school hallways.
44. My answers to these questions accurately reflect my feelings.
45. Students enjoy learning here.

Thank you for taking the time to complete this questionnaire!